

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5294

State File No.

FILED MAR 2 1951

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5693 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Humboldt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue Mound Twp.</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile south of Dawn</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laredo</u>	
		d. STREET ADDRESS (If rural, give location) <u>0400</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Cora</u>	b. (Middle) <u>Alcesta</u>	c. (Last) <u>McKerlie</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 12, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 2, 1875</u>	9. AGE (In years) (last birthday) <u>75</u>	10. MONTHS <u>1</u>	11. DAYS <u>1</u>	12. HOURS <u>1</u>	13. MIN. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Allen town, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>William Dawson</u>	13b. MOTHER'S MAIDEN NAME <u>Abeline Bowers</u>	14. NAME OF HUSBAND OR WIFE <u>John McKerlie</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Trenton Adams; Dawn, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		<u>2 years</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>		<u>2 yrs.</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>42220</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 1947, to 12 Feb 1951, that I last saw the deceased alive on Jan 15, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. W. Vandiver M.D.</u> (Degree or title)	23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>14 Feb 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-15-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Welsh</u>	24d. LOCATION (City, town, or county) (State) <u>Dawn, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2/14/51</u>	REGISTRAR'S SIGNATURE <u>Frances B Neel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home; Chillicothe, Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0590
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Elton Norman

Signed.....
Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.